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Sir

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FOR:

BASIC FEE

TOTAL CLAIMS

INDEP. CLAIMS

Customer No. 000959

	Case
Box Patent Application	
Commissioner for Patents	
Washington, D.C. 20231	





	"Express Mail" Mailing Label Number EL 683 636 332 US
	Date of Deposit February 8, 2001
	I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.
	Signature Signature
	Nelson F. Barros
	Please Print Name of Person Signing
Sir: Transmi Inventor	itted herewith for filing is the patent application of (r(s): Susan L. Acton, Jose M. Ordovas, and Jeanette J. McCarthy
For:	DIAGNOSTIC ASSAYS AND KITS FOR BODY MASS AND CARDIOVASCULAR DISORDER
Enclose	d are:
X	98 pages of specification, 5 pages of claims, 1 pages of abstract.
X	sheets of drawings (Figs. 1-9);
\times	A Declaration, Petition and Power of Attorney (unexecuted).
X	36 pages of sequence listing (numbered 1-36).

OTHER THAN

(Col. 1) (Col. 2) NO. FILED NO. EXTRA 38 - 20 18 6 - 3 ■ MULTIPLE DEPENDENT CLAIMS PRESENTED

Transmittal Letter for Diskette Containing Sequence Listing.

Diskette Containing Sequence Listing. The filing fee has been calculated as shown below:

* If the difference in Col. 2 is less than zero, enter "0" in Col. 2.

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RATE	FEE	OR	RATE	FEE
/////////	\$	OR	////////	\$ 710.00
x 9=	\$	<u>or</u>	x 18=	\$ 324.00
x 40	\$	OR	x 80	\$ 240.00
+135	\$	OR	+270	\$
TOTAL		<u>OR</u>	TOTAL	\$1274.00
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- \times A check in the amount of \$1,274.00 to cover the filing fees is also enclosed.
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 - |X|Any patent application processing fees under 37 C.F.R. 1.17.

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×	this application	ner is hereby authorized to charge payment of the following fees during the pendency of or credit any overpayment to Deposit Account No. 12-0080. y of this sheet is enclosed.
	The purs	atent application processing fees under 37 C.F.R. 1.17. sue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, int to 37 C.F.R. 1.31(b). ling fees under 37 C.F.R. 1.16 for presentation of extra claims.
X	Address all fu to <u>Amy E. N</u>	re communications (May only be completed by applicant, or attorney or agent of record) and Customer Number: 000959 whose address is: Lahive & Cockfield, LLP 28 State Street
Date:_	February 8, 200	Boston, Massachusetts 02109 LAHIVE & COCKFIELD, LLP Attoriess at Law By L J J J J J J J J J J J J J J J J J J

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